FORM S2

SID | M | 8 | 4 | 1 | 2 |

IN CONFIDENCE

1. SURVEY 5 3
   - PSU
   - BLOCK
   - DWELLING
   - HOUSEHOLD
   - PERSON

AUSTRALIAN BUREAU OF STATISTICS

POPULATION SURVEY

DECEMBER 1984

2. SEX
   - Male 1
   - Female 2

3. AGE
   - YEARS

4. MARITAL STATUS
   - Married 1
   - Separated 2
   - Divorced 3
   - Widowed 4
   - Never marrried 5

5. S.D. ONLY
   - S.D. Institutionalised person *(No more questions)* 1
   - S.D. Boarding school pupil *(No more questions)* 2
   - S.D. Other 3

6. COUNTRY OF BIRTH
   - Australia *(Go to Q.8)* 01
   - U.K. and Ireland 02
   - Italy 03
   - Greece 04
   - Yugoslavia 05
   - Holland 06
   - Germany 07
   - New Zealand 08
   - Other . . . . . .

7. YEAR OF ARRIVAL

8. SCHOOL ATTENDANCE *(If age 15 to 20)*
   - Date of leaving school *(month and year)* — month | year
   - Still attending 1111

9. PERSON TYPE
   - Usual resident of P.D. *(Go to Q.11, complete Q.12 to Q.15 when editing)* 1
   - Visitor to P.D. 2
   - S.D. 3

10. WHAT IS THE POSTCODE OF THE SUBURB OR TOWN WHERE ..... USUALLY LIVES?

A. *If respondent knows postcode, enter in boxes below* 1

If respondent does not know postcode, ask for:— 2

Suburb .....

City/Town .....

State .....

When editing, enter postcode in boxes below.

Not known 3

B. Postcode

11. **I WOULD LIKE TO ASK YOU ABOUT THE WEEK STARTING MONDAY THE ..... AND ENDING LAST SUNDAY THE ..... THAT IS, LAST WEEK**

(Go to Q.17)

12. HOUSEHOLD TYPE
   - 1 *(Nothing further)* 1
   - 2 2
   - 3 3
   - 4 4
   - 5 5
   - 6 *(Complete Q.14)* 6
   - 7 *(Complete Q.14)* 7
   - 8 *(Complete Q.14)* 8
   - 9 *(Nothing further)* 9

13. Husband *(Complete Q.15)* . . 1
   - Wife *(Nothing further)* . . 2
   - Son/daughter *(Nothing further)* 3

14. Father/mother 1
   - Son/daughter *(Nothing further)* 2

15. *If Household Type 2, 3 or 6 in Q.12, nothing further.*

If Household Type 4, 5, 7 or 8 in Q.12, enter number of children aged 0 to 14 years

16. OFFICE USE ONLY
   - Relationship . . . . A
   - Family No. . . . . B
   - Children 0-14 years . . C
   - UR scope/coverage exclusion . . . . D
   - Incomplete H/H, L/U . . E
   - Schedule, initial response . . F
   - Schedule, final response . . G
   - H

FORM S2

17. LAST WEEK, DID ..... DO ANY WORK AT ALL IN A JOB, BUSINESS OR FARM?
- Yes *(Go to Q.19)* 1
- No 2
- Permanently unable to work *(No more questions)* 3

18. LAST WEEK, DID ..... DO ANY WORK WITHOUT PAY IN A FAMILY BUSINESS?
- Yes 1
- No *(Go to Q.38)* 2

19. DID ..... HAVE MORE THAN ONE JOB LAST WEEK?
- Yes *(Go to Q.22)* 1
- No *(Go to Q.28)* 2

20.

21.

22. WAS THAT BECAUSE ..... CHANGED JOBS DURING THE WEEK?
- Yes *(Go to Q.27A)* 1
- No *(Go to Q.27B)* 2

23.

24.

25.

26.

27A. I WOULD NOW LIKE TO ASK YOU ABOUT ..... PRESENT JOB.

Go to Q.28

27B. I WOULD NOW LIKE TO ASK YOU ABOUT THE JOB IN WHICH ..... USUALLY WORKS THE MOST HOURS.

28. DID ..... WORK —
- FOR AN EMPLOYER FOR WAGES OR SALARY? *(Go to Q.32)* 1
- IN ..... OWN BUSINESS WITH EMPLOYEES? . . 2
- WITH NO EMPLOYEES? 3
- WITHOUT PAY IN A FAMILY BUSINESS? *(Go to Q.32)* 4
- WHAT ARE ..... WORKING ARRANGEMENTS?
  - Payment in kind *(Go to Q.32)* 5
  - Unpaid voluntary work *(Go to Q.62)* 6

29A. IS ..... BUSINESS A LIMITED LIABILITY COMPANY?
- Yes *(Go to Q.32)* 1
- No *(Go to Q.32)* 2

B.

C.

30.

31.

32A. ON WHICH DAYS DID ..... WORK LAST WEEK (IN ALL JOBS)?

	Yes	No		Yes	No
MON	○	○	SAT	○	○
TUE	○	○	SUN	○	○
WED	○	○			
THU	○	○			
FRI	○	○			

B. DID ..... HAVE ANY TIME OFF FROM ..... JOB(S) ON THOSE DAYS? ○—○

C. DID ..... WORK ANY PAID OR UNPAID OVERTIME ON ANY DAY LAST WEEK?
- Yes 1
- No 2
- Other 3

D. HOW MANY HOURS DID ..... ACTUALLY WORK LAST WEEK (LESS THE TIME OFF) (BUT) (COUNTING THE OVERTIME)?
- 35 hours or more *(No more questions)* . .
- 15-34 hours *(Go to Q.34)*
- 1-14 hours . . . . . .
- Less than 1 hour *(Go to Q.51)* 98
- No hours *(Go to Q.51)* . . 99

33. *Sequence Guide*
- *If worked "without pay in a family business" (i.e. code '4' in Q.28), go to Q.62* 1
- *Otherwise, go to Q.34* . . 2

34. IN (THAT JOB/THOSE JOBS) DOES ..... USUALLY WORK LESS THAN 35 HOURS A WEEK?
- Yes 1
- No *(Go to Q.36)* 2

35. WOULD ..... PREFER A JOB IN WHICH ..... WORKED MORE HOURS A WEEK?
- Yes *(Go to Q.61)* 1
- No *(No more questions)* . . 2
- Don't know *(No more questions)* 3

36. WHY DID ..... WORK LESS THAN 35 HOURS LAST WEEK?
- Own illness or injury 1
- Leave, holiday or flextime/ personal reasons 2
- Began job during week . . 3
- Left/lost job during week . . 4
- On strike/locked out 5
- Bad weather/breakdown . . 6
- Stood down/on short time/ insufficient work 7
- Shift work/standard work arrangements 8
- Other . . . . . .
- . . . . . .
- 9

37. *No more questions*

FORM S2

38. DID ..... HAVE A JOB, BUSINESS OR FARM THAT ..... WAS AWAY FROM BECAUSE OF HOLIDAYS, SICKNESS OR ANY OTHER REASON?
- Yes 1
- No *(Go to Q.62)* 2

39. DID ..... HAVE MORE THAN ONE JOB?
- Yes *(Go to Q.44)* 1
- No *(Go to Q.47)* 2

40.

41.

42.

43.

44. I WOULD NOW LIKE TO ASK YOU ABOUT THE JOB IN WHICH ..... USUALLY WORKS THE MOST HOURS.

Go to Q.47

45.

46.

47. DOES ..... WORK —
- FOR AN EMPLOYER FOR WAGES OR SALARY? *(Go to Q.51)* 1
- IN ..... OWN BUSINESS WITH EMPLOYEES? . . 2
- WITH NO EMPLOYEES? . . 3
- WITHOUT PAY IN A FAMILY BUSINESS? *(Go to Q.62)* 4
- WHAT ARE ..... WORKING ARRANGEMENTS?
  - Payment in kind *(Go to Q.51)* 5
  - Unpaid voluntary work *(Go to Q.62)* 6

48. IS ..... BUSINESS A LIMITED LIABILITY COMPANY?
- Yes *(Go to Q.51)* 1
- No 2

49. WHY WAS ..... AWAY FROM WORK LAST WEEK?
- Own illness or injury 1
- Holiday/personal reasons . . 2
- No work available 3
- Bad weather/breakdown . . 4
- On strike/locked out 5
- Other . . . . . .
- 6

50. *Go to Q.59*

51. WHY WAS ..... AWAY FROM WORK LAST WEEK?
- Own illness or injury 1
- Leave, holiday or flextime/ personal reasons *(Go to Q.57)* 2
- Bad weather/breakdown *(Go to Q.57)* 3
- Stood down *(Go to Q.54)* . . 4
- No work/insufficient work *(Go to Q.55)* 5
- On strike/locked out *(Go to Q.59)* 6
- Usually works less than 1 hour a week/began job/lost job *(Go to Q.62)* 7
- Other *(Go to Q.57)* . . . . . .
- . . . . . .
- 8

52. WAS ..... ON WORKERS' COMPENSATION LAST WEEK?
- Yes 1
- No *(Go to Q.57)* 2

53. WILL ..... BE RETURNING TO WORK FOR ..... EMPLOYER?
- Yes *(Go to Q.59)* 1
- No *(Go to Q.62)* 2
- Don't know *(Go to Q.62)* . . 3

54. WHY WAS ..... STOOD DOWN?
- Bad weather/breakdown *(Go to Q.57)* 1
- Other 2

55. WAS ..... PAID OR WILL ..... BE PAID FOR ANY OF LAST WEEK?
- Yes *(Go to Q.59)* 1
- No 2

56. HOW LONG HAS ..... BEEN AWAY FROM WORK WITHOUT PAY?
- One week *(Go to Q.59)* . . 1
- Two weeks *(Go to Q.59)* . . 2
- Three weeks *(Go to Q.59)* . . 3
- Four weeks or more *(Go to Q.62)* 4

57. UP UNTIL THE END OF LAST WEEK, HOW LONG HAD ..... BEEN AWAY FROM WORK?
- Less than 4 weeks *(Go to Q.59)* 1
- 4 weeks or more 2

58. WAS ..... PAID OR WILL ..... BE PAID FOR ANY PART OF THE LAST FOUR WEEKS?
- Yes 1
- No *(Go to Q.62)* 2

59. HOW MANY HOURS A WEEK DOES ..... USUALLY WORK IN (ALL) ..... JOB(S)?
- 35 hours or more *(No more questions)* 1
- 1-34 hours 2
- No hours *(Go to Q.62)* . . 3

60. WOULD ..... PREFER A JOB IN WHICH ..... WORKED MORE HOURS A WEEK?
- Yes 1
- No *(No more questions)* . . 2
- Don't know *(No more questions)* 3

61. AT ANY TIME DURING THE LAST 4 WEEKS HAS ..... BEEN LOOKING FOR FULL-TIME WORK?
- Yes *(Go to Q.64)* 1
- No *(No more questions)* . . 2

FORM S2

62. AT ANY TIME DURING THE LAST 4 WEEKS HAS ..... BEEN LOOKING FOR FULL-TIME WORK?

Yes *(Go to Q.64)* . . . . [ ] 1

No . . . . . [ ] 2

63. HAS ..... BEEN LOOKING FOR PART-TIME WORK AT ANY TIME DURING THE LAST 4 WEEKS?

Yes . . . . . [ ] 1

No *(No more questions)* . . [ ] 2

64. AT ANY TIME IN THE LAST 4 WEEKS HAS .....

WRITTEN, PHONED OR APPLIED IN PERSON TO AN EMPLOYER FOR WORK? . . . . . [ ] 01

ANSWERED A NEWSPAPER ADVERTISEMENT FOR A JOB? . . . . . [ ] 02

LOOKED IN NEWSPAPERS?

Yes ( )

No ( )

CHECKED FACTORY OR COMMONWEALTH EMPLOYMENT SERVICE NOTICE BOARDS? . . . . [ ] 03

AT ANY TIME IN THE LAST 4 WEEKS HAS .....

BEEN REGISTERED WITH THE COMMONWEALTH EMPLOYMENT SERVICE? [ ] 04

CHECKED OR REGISTERED WITH ANY OTHER EMPLOYMENT AGENCY? [ ] 05

DONE ANYTHING ELSE TO FIND A JOB?

Advertised or tendered for work . . . . . [ ] 06

Contacted friends/relatives . . [ ] 07

Other *(No more questions)*

.....

.....

..... [ ] 08

Only looked in newspapers *(No more questions)* . . . . [ ] 09

None of these *(No more questions)* . . . . [ ] 10

65. *Sequence Guide*

If works and looking for full-time work (i.e. '1' in Q.61), no more questions . . [ ] 1

Otherwise, go to Q.66 . . [ ] 2

66. IF ..... HAD FOUND A (PART-TIME) JOB COULD ..... HAVE STARTED WORK LAST WEEK?

Yes *(Go to Q.71)* . . . . [ ] 1

No . . . . . [ ] 2

Don't know *(Go to Q.71)* . . [ ] 3

67. WHAT WERE THE REASONS ..... COULD NOT HAVE STARTED WORK LAST WEEK?

Own illness or injury . . . . [ ] 1

Going to school *(No more questions)* . . . . [ ] 2

Going to a tertiary institution *(No more questions)* . . . . [ ] 3

Personal reasons, family responsibilities *(No more questions)* . . . . [ ] 4

Waiting to start job *(Go to Q.69)* . . . . . [ ] 5

Other *(No more questions)*

..... [ ] 6

68. UP UNTIL THE END OF LAST WEEK HOW LONG HAD ..... BEEN ILL?

Less than 4 weeks *(Go to Q.71)* [ ] 1

4 weeks or more *(No more questions)* . . . . [ ] 2

69. WHEN WILL ..... BE STARTING WORK IN THAT JOB?

Less than 4 weeks . . . . [ ] 1

4 weeks or more *(No more questions)* . . . . [ ] 2

70. IF THE JOB HAD BEEN AVAILABLE LAST WEEK, WOULD ..... HAVE STARTED THEN?

Yes . . . . . [ ] 1

No *(No more questions)* . . [ ] 2

71. WHEN DID ..... BEGIN LOOKING FOR WORK?

.....

Less than 2 weeks . . . . [ ] 001

No. of weeks . . [ ][ ][ ]

72. HOW LONG AGO IS IT SINCE ..... LAST WORKED FULL-TIME FOR TWO WEEKS OR MORE?

.....

Under 2 years (no. of weeks) [ ][ ][ ]

2 years or more *(No more questions)* . . . . [ ] 104

Never worked *(No more questions)* . . . . [ ] 999

73. WHAT KIND OF WORK DID ..... DO?

.....

.....

.....

.....

[ ][ ][ ]

74. WHO DID ..... WORK FOR? (Name/Full address)

.....

.....

.....

75. WHAT KIND OF INDUSTRY, BUSINESS OR SERVICE WAS CARRIED OUT AT THAT ADDRESS?

.....

.....

.....

[ ][ ][ ]

76. DID ..... WORK –

FOR AN EMPLOYER FOR WAGES OR SALARY? *(No more questions)* . . . . [ ] 1

IN OWN BUSINESS – WITH EMPLOYEES? . . [ ] 2

WITH NO EMPLOYEES?. . [ ] 3

WITHOUT PAY IN A FAMILY BUSINESS? *(No more questions)* . . . . [ ] 4

WHAT WERE ..... WORKING ARRANGEMENTS?

Payment in kind *(No more questions)* . . . . [ ] 5

Unpaid voluntary work *(No more questions)* . . . . [ ] 6

77. WAS ..... BUSINESS A LIMITED LIABILITY COMPANY?

Yes *(No more questions)* . . [ ] 1

No *(No more questions)* . . [ ] 2

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